## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective January 1, 2003                                                                                                                                                                                                                                                                                           |                                                |                                           |                                       |                                     |              |                   | 10642856          |                                                  |                 |                            |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------|--------------|-------------------|-------------------|--------------------------------------------------|-----------------|----------------------------|------------------------|
|                                                                                                                                                                                                                                                                                                                     | •                                              | CLAIMS A                                  |                                       |                                     | •            |                   |                   | SMALL ENTITY                                     |                 | OTHER THAN OR SMALL ENTITY |                        |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                        |                                                |                                           | (Column 1)                            |                                     | (Colu        | (Column 2)        |                   | RATE FEE                                         |                 | SMALL ENTITY               |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           | 7                                     |                                     |              |                   |                   |                                                  | _               | RATE                       | FEE                    |
| FOR                                                                                                                                                                                                                                                                                                                 |                                                |                                           | NUMBER FILED                          |                                     | NUMB         | NUMBER EXTRA      |                   | EE 375.0                                         | <sup>0</sup> OR | BASIC FEE                  | 750.00                 |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                             |                                                |                                           | / mir                                 | minus 20= *                         |              | 2                 | X\$ 9             | =                                                | OR              | X\$18=                     |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                  |                                                |                                           | minus 3 = * 0                         |                                     |              |                   | X42=              |                                                  | OR              | X84=                       |                        |
| MULTIPLE DEPENDENT CLAIM PI                                                                                                                                                                                                                                                                                         |                                                |                                           | RESENT                                |                                     |              |                   | +140              | =                                                | OR              |                            |                        |
| *  1                                                                                                                                                                                                                                                                                                                | the difference                                 | in column 1 is                            | less than zero, enter "0" in column 2 |                                     |              |                   | TOTA              |                                                  | OR              | L                          | 700                    |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                         |                                                |                                           |                                       |                                     |              |                   |                   | <b>L</b>                                         | J ~             | OTHER                      | THAN                   |
| (Column 1)                                                                                                                                                                                                                                                                                                          |                                                |                                           |                                       | (Colum                              |              | (Column 3)        | SMAL              | L ENTITY                                         | OR              | SMALL                      |                        |
| AMENDMENT A                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUME<br>PREVIO<br>PAID F   | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE              | ADDI-<br>TIONA<br>FEE                            |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus                                 | **                                  |              | =                 | X\$ 9=            | :                                                | OR              | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent<br>FIRST PRESE                     | *<br>ENTATION OF MI                       | Minus                                 | *** PENDENT                         | CLAIM        | =                 | X42=              |                                                  | OR              | X84=                       |                        |
| <u> </u>                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                                     |              |                   |                   | :                                                | OR              | +280=                      | :                      |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                                       |                                     |              |                   | TOTA              |                                                  | ┥ᇧ╵             | TOTAL                      |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)                                |                                       | (Colum                              | nn (1)       | (Calumn 2)        | ADDIT. FE         | ε                                                | _OR             | ADDIT. FEE                 |                        |
| В                                                                                                                                                                                                                                                                                                                   |                                                | CLAIMS                                    |                                       | HIGHE                               | EST          | (Column 3)        |                   | ADDI-                                            | <b>,</b>        |                            | A CODI                 |
| AMENDMENT I                                                                                                                                                                                                                                                                                                         |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVIO<br>PAID F                    | USLY         | PRESENT<br>EXTRA  | RATE              | TIONAL<br>FEE                                    |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus                                 | **                                  |              | =                 | X\$ 9=            | İ                                                | OR              | X\$18=                     |                        |
| AM                                                                                                                                                                                                                                                                                                                  | Independent<br>FIRST PRESE                     | *<br>NTATION OF MU                        | Minus JLTIPLE DEP                     | ***<br>PENDENT                      | CL AIM       | =                 | X42=              |                                                  | OR              | X84=                       |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           |                                       |                                     | OL-MIN       |                   | +140=             |                                                  | OR              | +280=                      |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                |                                           | _                                     |                                     |              |                   | TOTA<br>ADDIT. FE |                                                  | OR              | TOTAL<br>ADDIT. FEE        |                        |
|                                                                                                                                                                                                                                                                                                                     |                                                | (Column 1)                                | ·                                     | (Colum                              |              | (Column 3)        |                   |                                                  |                 |                            |                        |
| AMENDMENT C                                                                                                                                                                                                                                                                                                         |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                       | HIGHE<br>NUMBI<br>PREVIOU<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA  | RATE              | ADDI-<br>TIONAL<br>FEE                           |                 | RATE                       | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                                                                     | Total                                          | *                                         | Minus                                 | **                                  |              | =                 | X\$ 9=            |                                                  | OR              | X\$18=                     |                        |
|                                                                                                                                                                                                                                                                                                                     | Independent                                    |                                           | Minus                                 | ***                                 |              | =                 | X42=              | <del>                                     </del> | 1               | X84=                       |                        |
|                                                                                                                                                                                                                                                                                                                     | FIRST PRESE                                    | NTATION OF MU                             | LTIPLE DEP                            | ENDENT (                            | CLAIM        |                   |                   | <del>                                     </del> | OR              |                            |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                                                               |                                                |                                           |                                       |                                     |              |                   |                   |                                                  | OR              | +280=                      |                        |
| ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                |                                           |                                       |                                     |              |                   |                   |                                                  |                 |                            |                        |
|                                                                                                                                                                                                                                                                                                                     | ne "Highest Num                                | ber Previously Paid                       | i For" (Total or                      | Independer                          | nt) is the I | highest number fo | ound in the a     | ppropriate bo                                    | ox in colu      | umn 1.                     |                        |